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Bib Data Sheet

CONFIRMATION NO. 2509

|                             |                                       |              |                        |                                   |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>10/743,673 | FILING DATE<br>12/22/2003<br><br>RULE | CLASS<br>433 | GROUP ART UNIT<br>3732 | ATTORNEY<br>DOCKET NO.<br>MM3-192 |
|-----------------------------|---------------------------------------|--------------|------------------------|-----------------------------------|

APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***  
 This application is a CIP of 10/461,968 06/12/2003 PAT 6,913,462  
 which is a CIP of 10/376,325 03/03/2003 \*  
 (\*)Data provided by applicant is not consistent with PTO records.  
*OK CES*

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*none CES*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 04/03/2004

|   |                           |                         |                       |                            |
|---|---------------------------|-------------------------|-----------------------|----------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no | STATE OR<br>COUNTRY<br>CA | SHEETS<br>DRAWING<br>63 | TOTAL<br>CLAIMS<br>57 | INDEPENDENT<br>CLAIMS<br>7 |
|---|---------------------------|-------------------------|-----------------------|----------------------------|

35 USC 119 (a-d) conditions ☐ yes ☒ no ☐ Met after  
 met

Verified and  
 Acknowledged

*Shores* *CES*  
 Examiner's Signature Initials

ADDRESS  
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TITLE  
 Dental prostheses modeling system with symmetric double-well trays slidably mountable to articulator

|   |
|---|
| <input type="checkbox"/> All Fees             |
| <input type="checkbox"/> 1.16 Fees ( Filing ) |